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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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EXAMINER
PORTER, RACHEL L

ART UNIT	PAPER NUMBER
3626	

DATE MAILED: 07/15/2003

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/655,704	BAIN, WALTER M.	
	Examiner	Art Unit	
	Rachel L. Porter	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *22 April 2003* .

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-23 and 28-37* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-23 and 28-37* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

11)☒ The proposed drawing correction filed on *22 April 2003* is: a)☒ approved b)☐ disapproved by the Examiner.

If approved, corrected drawings are required in reply to this Office action.

12)☐ The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

13)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____ .

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

14)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).

a) ☐ The translation of the foreign language provisional application has been received.

15)☐ Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO-1449) Paper No(s) _____ .
4) ☐ Interview Summary (PTO-413) Paper No(s). _____ .
5) ☐ Notice of Informal Patent Application (PTO-152)
6) ☐ Other: .

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment received 4/22/03. Claims 1-23 and 28-37 are pending. Claims 33-37 are new. Claims 24-27 have been canceled.

Drawings

2. The objections to the drawings are hereby withdrawn due to the amendment received 4/22/03.

Specification

3. The objection to the specification for failure to using the reference number "190" to refer to both a secured line and an actuator is hereby withdrawn due to the amendment received 4/22/03.

Response to Arguments

4. Applicant's arguments filed 4/17/03 have been fully considered but they are not persuasive. Applicant apparently argues newly added limitations which are addressed in the new art rejections provided hereinbelow.

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the

invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

6. Claims 1-7, 11-22, and 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Liff et al (USPN 5,713,485—referred to hereinafter as Liff) in view of Ahlin (USPN 5,713,485) as explained below.

(A) Claim 1 has been amended to recite "the dispenser comprising a plurality of receiving slots, each of the receiving slots being configured for holding one or more prescriptions associated with a patient." Liff teaches a dispenser comprising a plurality receiving slots (76) (Figure 1, col. 4, lines 40-65), each of said receiving slots holding one or more prescriptions associated with a patient (col. 2, lines 3-10)

Claim 1 has also been amended to recite that "dispensing of medication from the dispenser, the controller being configured to dispense all prescriptions in one of the receiving slots disposed in the dispensing portion in response to information correlated to the patient." Liff teaches a method that includes dispensing medication from a dispenser, but does not expressly disclose that the controller dispenses all prescriptions in one receiving slot in response to information correlated to the patient. However, Liff does disclose that a medication is dispensed only in response to a user request for transfer to a patient. Liff further teaches that bar code information from the dispensed medication package is scanned to ensure that it correlates to the user's request. Ahlin teaches a method wherein all prescriptions are dispensed into one of the system's receiving slots (e.g. patient bin) in response to the information correlated to the patient (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col. 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would

have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have all medication dispensed into one receiving slot in response to information correlated to the patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(B) Claims 2-6 have not been amended beyond the changes made to their base claim, claim 1. As such, these claims are rejected using the same rationale provided in the previous Office Action, Paper No. 4, and as further explained in paragraph 6A in the present Office Action, and incorporated herein.

(C) Claim 7 has been amended to recite "at least one medication slot holding a plurality of different prescriptions for a single patient." Liff teaches an automated prescription dispensing wherein the dispenser comprises a plurality of medication receiving slots (76) (Figure 1), but does not specifically disclose that the slot holds many different prescriptions for a single patient. Ahlin teaches a method wherein many prescriptions for a single patient are dispensed into one of the system's receiving slots (e.g. patient bin) (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have all medication dispensed into one receiving slot. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that

the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(D) Claim 11 has not been amended beyond the changes made to claims 1 and 7. As such, claim 11 is rejected under the same rationale provided in the previous Office Action, Paper No. 4, and as further explained in paragraphs 6A and 6C of the present Office Action, and incorporated herein.

(E) Claim 12 has been amended to recite that the patient's medication is disposed in one of the plurality of receiving slot by patient information. Liff teaches an automated prescription dispensing wherein the dispenser comprises a plurality of medication receiving slots (76) (Figure 1), but does not specifically disclose that the patient's medication is disposed in the receiving slots by patient information. Ahlin teaches a method wherein the prescriptions for a single patient are dispensed into one of the system's receiving slots (e.g. patient bin) based on patient information. (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have the patient's medication dispensed into one receiving slot by information correlated to the patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(F) Claims 13-15 and 17 have not been amended beyond the changes made to their base claim, claim 1. As such, these claims are rejected under the same rationale provided in the previous Office Action, Paper No. 4, and as further explained in paragraph 6A in the present Office Action, and incorporated herein.

(H) Claim 16 has been amended to recite that medication is labeled for a particular patient. Liff teaches the automated prescription dispensing system of claim 1, wherein the controller comprises a processor programmed to record information regarding the location of medications within the dispenser (Liff; col. 6, lines 10-35), but does not disclose that the medication is labeled for a particular patient. However, Liff does disclose that medications are labeled with barcode data and the bar code on the dispensed medication package is scanned to ensure that it correlates to a user's request. Ahlin teaches a method wherein all prescriptions are labeled for a particular patient (i.e. correlated to a patient) (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col. 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have all medication dispensed labeled for a particular patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(I) Claim 18 has been amended to recite "filling a prescription...and applying a label containing patient information." Liff teaches a method for automated prescription

dispensing comprising: a) filling an inventory order by obtaining a container with medication therein (Liff; col. 9, lines 1-25) b) loading the prescription into a dispenser (Liff; col. 9, lines 25-30); and c) dispensing the prescription to a patient in response to input of data correlated to the patient (Liff; col. 5, lines 14-25). Liff does not expressly disclose the medication containers have labels containing patient information. However, Liff does disclose that a medication is dispensed only in response to a user request for transfer to a patient. Liff further teaches that the medication containers include bar code information that is scanned to ensure that dispensed medication correlates to the user's request for medication regarding a particular patient. Ahlin teaches a method wherein all dispensed medication containers prescriptions are labeled for a particular patient (i.e. applied labels containing patient information) (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col. 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have all dispensed medication labeled for a particular patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(J) As per claim 19, Liff and Ahlin teach the method according to claim 18, wherein method comprises placing the prescription into a receiving slot of a dispenser having a plurality of receiving slots disposed therein (Liff; col. 5, lines 10-20 and lines 40-60).

(K) Claim 20 has been amended to recite "correlating a receiving slot... with information regarding the patient prior to access by the patient." Liff teaches loading a dispenser with medication tracked by barcode (Liff; col. 2, lines 10-20), entering patient information into a dispenser either via a computer interface or card reader and dispensing the appropriate medication (Liff; col. 5, lines 14-25 and col. 4, lines 54-61). Examiner respectfully submits that in order for these steps to happen the receiving slot in which the prescription is placed must be correlated with information regarding the patient. Moreover, since the correlation step occurs when the medication is loaded into the dispenser, it is respectfully submitted that the correlation occurs prior to the patient accessing the medication. (i.e. prior to access by the patient).

(L) Claim 21 has been amended to recite "releasing a plurality of prescriptions for a receiving slot in the dispenser in response to the input of data correlated to the patient." Liff teaches a method further comprising releasing the prescription from the dispenser in response to input of data correlated to the patient (Liff, col. 5, lines 14-25), but does not expressly teach that a plurality of prescriptions are released from a receiving slot in the dispenser. Ahlin teaches a method wherein a plurality of prescriptions is released from the dispenser's receiving slot. (col. 7, line 5-col.8, line 52;col. 12, lines 12-35; col. 17, lines 50-65) The nurse gives the medications to the patient from the patient bin (i.e. releases the prescriptions from the receiving slot). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have a plurality of prescriptions released from the dispenser and the dispenser's receiving slot. As suggested by Ahlin, one

would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives all medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8).

(M) As per claim 22, Liff teaches the method accord to claim 18, and wherein the method comprises dispensing the prescription after the user enters a password (i.e., personal identification number) (Liff; col. 8, lines 20-55).

(N) Claim 28 has been amended to recite "filling a prescription including a label with patient information." Liff teaches a method for billing prescriptions, the method comprising: a) filling an inventory order by obtaining a container with medication therein (Liff; col. 9, lines 1-25) b) loading the prescription into a dispenser (Liff; col. 9, lines 25-30); c) dispensing the prescription to a patient in response to input of data correlated to the patient (Liff; col. 5, lines 14-25); and d) generating a bill responsive to dispensing of the prescription (Liff; col. 9, lines 13-18). Liff does not expressly disclose the medication containers have labels containing patient information. However, Liff does disclose that a medication is dispensed only in response to a user request for transfer to a patient. Liff further teaches that the medication containers include bar code information that is scanned to ensure that dispensed medication correlates to the user's request for medication regarding a particular patient. Ahlin teaches a method wherein all dispensed medication containers prescriptions are labeled for a particular patient (i.e. applied labels containing patient information) (col. 6, lines 32-56; col. 7, lines 5-49; col.

8, lines 23-52; col. 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff with the teaching of Ahlin to have all dispensed medication labeled for a particular patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

7. Claims 8-10 are rejected under 35 U.S.C. §103(a) as being unpatentable over Liff and Ahlin as applied to claims 1 and 7 above, and further in view of Halvorson (4,847,764).

(A) As per claim 8-10, Liff and Ahlin teach the system of claim 1 as explained in the rejection of claim 1 above. Liff teaches an automated prescription dispensing system wherein at least one door comprises a dispensing door (68) for selectively releasing medication from the receiving slot. (Liff; col. 7, line 40 to col. 8, line 5) and having outside doors of the dispenser that lock (Liff; col. 4, lines 40-55). However, Liff and Ahlin do not expressly teach one door adjacent each slot for selectively passing control through the dispenser and further comprising an access door for selectively preventing placement of medication onto the receiving slot. Halvorson teaches an automated prescription dispersing system wherein the dispenser comprises two doors disposed adjacent each receiving slot, and a stocking access door associated with each receiving slot for selectively controlling the passage of medication into the receiving slot, and a

medication access door for selectively releasing medication from the receiving slot (Halvorson; col. 3, lines 46 to col. 4, line 6). At time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art at the time of the invention to further modify the system of Liff and Ahlin in combination with the teaching of Halvorson to add the stocking access door of Halvorson to the medication dispensing system of Liff. As suggested by Halvorson, one would have been motivated to do this to reduce medication errors (Halvorson; col. 2, line 41).

8. Claim 23 is rejected under 35 U.S.C. §103(a) as being unpatentable over Liff in view of Halvorson (4,847,764).

(A) As per line 23, Liff teaches, a method for dispensing medication from a dispenser having a plurality of receiving slots, the method comprising: a and d) restocking a dispenser with locks on the outside doors (Liff; col. 9, lines 19-34. col. 4, lines 40-55); b) inputting information regarding a prescription (Liff; col. 6, lines 12-19); c) disposing the prescription in the receiving slot (Liff, col. 6, lines 12-19 and col. 9, lines 20-45); e) dispensing the prescription from the receiving slot to a patient (Liff; col. 5, line 14-25). However Liff does not expressly teach the opening or closing of an available receiving slot. Halvorson teaches the control of locking and unlocking doors including a stocking access door and a restocking plan requires someone to operate the controller to open the stocking access door to the receiving slot (Halvorson; col. 3, lines 55-65, col. 21, lines 30 to col. 22, line 35). It would have been obvious to one of ordinary skill in the art at the time of the invention to add the stocking access door and the step of opening of

an available receiving slot of Halvorson to the dispensing system and process of Liff with the motivation of increasing control of pharmaceuticals in the station.

Claim 23 has been amended to recite "inputting patient information regarding a presciption" and "dispensing the prescription... to a patient for whom the information was entered." Liff teaches loading a dispenser with medication tracked by barcode (Liff; col. 2, lines 10-20), entering patient information into a dispenser either via a computer interface or card reader and dispensing the appropriate medication (i.e. information for whom the patient information was received.) (Liff; col. 5, lines 14-25 and col. 4, lines 54-61).

9. Claims 29-32 are rejected under 35 U.S.C. §103(a) as being unpatentable over Liff in view of Halvorson (4,847,764), and in further view of Ahlin (USPN 6,219,587)

(A) As per claim 29, Liff teaches a method for more efficiently filling prescriptions, the method comprising: a-b) Liff teaches the collecting information for a plurality of drugs to restock inventory at a central processing station (Liff; col. 9, lines 1-25) and c) transporting the prescriptions to a plurality of local pharmacies (Liff; cot. 9, lines 19-35). However, Liff does not expressly disclose if the drug information includes prescription information. Halvorson teaches the collecting of information for a plurality of prescriptions at a central processing location that need to be filled to determine the restocking of the dispenser and then filling of the prescriptions for the dispenser (Halvorson; col. 10, lines 1-50; col. 12, lines 45-60; col. 19, lines 1-60;col. 21, line 30-col. 22, line 35). It would have been obvious to one of ordinary skill in the art at the time of the invention to add the step of filling prescriptions of Halvorson to the filling of the

inventory order of Liff with the motivation of improving inventory control since inventory would be filled to meet precise demand.

Claim 29 has been amended to recite: "filling the prescriptions including applying patient information to the medicament container." Liff and Halvorson do not expressly disclose the medication containers have labels containing patient information. However, Liff does teach that the medication containers include bar code information that is scanned to ensure that dispensed medication correlates to the user's request for medication regarding a particular patient. Ahlin teaches a method wherein all dispensed medication containers prescriptions are labeled for a particular patient (i.e. applied labels containing patient information) (col. 6, lines 32-56; col. 7, lines 5-49; col. 8, lines 23-52; col. 9, lines 4-30; col. 12, lines 12-35; col. 16, line 14-col. 17, line 56) At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Liff and Halvorson with the teaching of Ahlin to have all dispensed medication labeled for a particular patient. As suggested by Ahlin, one would have been motivated to do this to ensure that the filling and delivery of medication orders to patients are accurate and that the patient receives exactly those medications ordered by the patient's doctor and in the correct dosage. (see Ahlin: col. 2, line 67-col. 3, line 8)

(B) Claims 30-32 have not been amended beyond the changes made to their base claim, claim 29. As such, these claims are rejected under the same rationale provided in the previous Office Action, Paper No. 4, and as further explained in paragraph 9A in the present Office Action, and incorporated herein.

Claim Rejections - 35 USC § 102

10. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

11. Claims 33-37 are rejected under 35 U.S.C. 102(e) as being anticipated by Ahlin et al (USPN 6,219,587--referred to hereinafter as Ahlin).

As per claim 33, Ahlin teaches a method for automated prescription dispensing comprising:

- filling a plurality of prescriptions for a patient; (col. 6, lines 32-56)
- loading the plurality of prescriptions into a receiving slot of a dispenser; and (col. 17, lines 16-49)
- dispensing the plurality of prescriptions to the patient in response to input of data correlated to the patient. (col. 8, lines 23-41; col. 9, lines 4-30; col. 12, lines 12-35; col. 17, lines 50-60)

As per claim 34, Ahlin teaches the method according to claim 33, wherein the method further comprises using a sensor to ensure that all of the prescriptions in the receiving slot were dispensed to the patient. (col. 8, lines 23-41;col. 15,line 43-col. 16,

line 23) Ahlin discloses the use of sensors in the process of loading the patient bins. The medication in the bins in then dispensed to patients.

As per claim 35, Ahlin teaches the method according to claim 33, wherein the method comprises having a door, which selectively holds the prescriptions in the receiving slot and opening the door to release the prescriptions from the receiving slot. (Ahlin: col. 16, line 57- col. 17, line18)

As per claim 36, Ahlin teaches a method for dispensing medication from a dispenser having a plurality of receiving slots, the method comprising:

- selecting an receiving slot; (col. 7, lines 5-32)
- placing a container containing a prescribed medication in the receiving slot (e.g. patient bin); and (col. 16, lines 5-37)
- dispensing the container from the receiving slot to a patient such that the prescription includes patient information thereon. (col. 8, lines 23-41; col. 9,lines 4-30; col. 16, lines 24-33)

As per claim 37, Ahlin teaches the method for dispensing medication according to claim 36, wherein the method comprises selecting a first receiving slot and disposing a first prescription labeled for a first patient in the first receiving slot, selecting a second receiving slot and disposing a second prescription labeled for a second patient in the second receiving slot and selectively dispensing the first prescription and the second prescription to the first patient and the second patient. (col. 7, lines 5-49; col. 8, lines 23-65; col. 9, lines 4-30; col. 11, lines 10-36; col. 12, lines 12-45; col. 16, lines 5-37) Ahlin teaches a method in which multiple receiving slots (e.g. stacks of patient bins or

cassettes) are filled. In each case, each patient bin is associated with a particular patient and the medications dispensed into the receiving slots are specific to that patient. Ahlin further discloses that each component of the system, including all bins and medication packages, are labeled (i.e. barcoded) with identifying information so that all medication can be correlated to a particular patient when the medication is given to the patient.

Conclusion

12. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Hebron et al (USPN6,256,967) teaches an automated prescription dispensing system and method that accumulates a patient's complete order of prescriptions for pickup or delivery.
- Lester et al (USPN 6,021,392) teaches a drug distribution center that includes bar codes for automatic tracking.

13. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the

shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Rachel L. Porter whose telephone number is 703-305-0108. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703)305-9588. The fax phone numbers for the organization where this application or proceeding is assigned are (703)305-7687 for regular communications and (703)305-7687 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703)308-1113.

RP
July 13, 2003

DINH X. NGUYEN
PRIMARY EXAMINER